

MAILING REQUEST		PLEASE PRINT	International - Routing
ORIGINATED BY: E. Victor Donahue		DATE 05/29/07	<input type="checkbox"/> International <input type="checkbox"/> Registered <input type="checkbox"/> Air Mail Courier* <input type="checkbox"/> Other Explain *Customs forms will be provided by Shipping Dept. based on your complete description
BUILDING/FLOOR/STOP NO. 150/5/49	DEPT. CHG. NO. 88424	EXT. 3-2739	
SHIP TO: (Street Address and Phone # Required on Label)			Domestic Only - Routing
<div style="display: flex; align-items: center;"> <div style="flex: 1;"> Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 </div> <div style="flex: 0.5; text-align: center;"> </div> <div style="flex: 1;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Zip Code</div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div> </div> </div>			<input checked="" type="checkbox"/> First Class <input type="checkbox"/> Insured <input type="checkbox"/> Messenger <input type="checkbox"/> Parcel Post (Third Class) <input type="checkbox"/> Registered <input type="checkbox"/> Truck <input type="checkbox"/> Book Rate (Fourth Class) <input type="checkbox"/> Certified <input type="checkbox"/> UPS
SHIP-TO PHONE NUMBER: () (Phone contact required for all two-day or next-day deliveries.)			Domestic Only - Priority Options
QUANTITY	COMPLETE DESCRIPTION		<input type="checkbox"/> Next Business Day <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Saturday Delivery Required. <i>Not all areas are serviced. Call Ext. 7796 to confirm your destination.</i>
Legal Documents re PC10228B US			<input type="checkbox"/> USPS Express Mail Next Day (For Post Office Boxes Only) <input type="checkbox"/> Second Business Day <input type="checkbox"/> U.S. Postal Service Priority Mail
<input type="checkbox"/> No Value <input type="checkbox"/> Insure For \$ _____			SPECIAL SERVICES
Other (Please explain here)			<input type="checkbox"/> No Signature Required (Federal Express, Express Mail) <input type="checkbox"/> Bill Recipient/Third Party; Account # _____ <input type="checkbox"/> Return Receipt (Certified, Registered, Express Mail, Priority Mail, Messenger) <input type="checkbox"/> Proof of Delivery (Fed Ex, DHL, U.P.S.) <input type="checkbox"/> Pick-up Only (Messenger or Truck) <input type="checkbox"/> Delivery & Pick-up (Messenger or Truck) <input type="checkbox"/> Hold at Messenger Center for Pre-Arranged Messenger/Courier Pickup <input type="checkbox"/> Other Explain _____

8385-1(12/95) 3B

PF-MSO-01

MAILING REQUEST		PLEASE PRINT	International - Routing
ORIGINATED BY: E. Victor Donahue		DATE 05/29/07	<input type="checkbox"/> International <input type="checkbox"/> Registered <input type="checkbox"/> Air Mail Courier* <input type="checkbox"/> Other Explain *Customs forms will be provided by Shipping Dept. based on your complete description
BUILDING/FLOOR/STOP NO. 150/5/49	DEPT. CHG. NO. 88424	EXT. 3-2739	
SHIP TO: (Street Address and Phone # Required on Label)			Domestic Only - Routing
<div style="display: flex; align-items: center;"> <div style="flex: 1;"> Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 </div> <div style="flex: 0.5; text-align: center;"> </div> <div style="flex: 1;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Zip Code</div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div> </div> </div>			<input checked="" type="checkbox"/> First Class <input type="checkbox"/> Insured <input type="checkbox"/> Messenger <input type="checkbox"/> Parcel Post (Third Class) <input type="checkbox"/> Registered <input type="checkbox"/> Truck <input type="checkbox"/> Book Rate (Fourth Class) <input type="checkbox"/> Certified <input type="checkbox"/> UPS
SHIP-TO PHONE NUMBER: () (Phone contact required for all two-day or next-day deliveries.)			Domestic Only - Priority Options
QUANTITY	COMPLETE DESCRIPTION		<input type="checkbox"/> Next Business Day <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Saturday Delivery Required. <i>Not all areas are serviced. Call Ext. 7796 to confirm your destination.</i>
Legal Documents re PC10228B US			<input type="checkbox"/> USPS Express Mail Next Day (For Post Office Boxes Only) <input type="checkbox"/> Second Business Day <input type="checkbox"/> U.S. Postal Service Priority Mail
<input type="checkbox"/> No Value <input type="checkbox"/> Insure For \$ _____			SPECIAL SERVICES
Other (Please explain here)			<input type="checkbox"/> No Signature Required (Federal Express, Express Mail) <input type="checkbox"/> Bill Recipient/Third Party; Account # _____ <input type="checkbox"/> Return Receipt (Certified, Registered, Express Mail, Priority Mail, Messenger) <input type="checkbox"/> Proof of Delivery (Fed Ex, DHL, U.P.S.) <input type="checkbox"/> Pick-up Only (Messenger or Truck) <input type="checkbox"/> Delivery & Pick-up (Messenger or Truck) <input type="checkbox"/> Hold at Messenger Center for Pre-Arranged Messenger/Courier Pickup <input type="checkbox"/> Other Explain _____



Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		Complete if Known																																																							
FEE TRANSMITTAL for FY 2005		Application Number	09/863,976																																																						
		Filing Date	May 23, 2001																																																						
		First Named Inventor	Farzan Rastinejad																																																						
		Examiner Name	Timothy E. Betton																																																						
<input type="checkbox"/> Applicant claims small status. See 37 CFR 1.27		Art Unit	1614																																																						
Total Amount of Payment	(\$) 1,050.00	Attorney Docket No.	PC10228B																																																						
METHOD OF PAYMENT (check all that apply)																																																									
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																									
<input checked="" type="checkbox"/> Deposit Account: Deposit Account number <u>16-1445</u> Deposit Account Name <u>Pfizer Inc</u> For the above identified deposit account, the Director is authorized to: (check all that apply)																																																									
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																									
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																																									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038																																																									
FEE CALCULATION																																																									
1. BASIC FILING FEE																																																									
<table border="1"><thead><tr><th rowspan="2">Application Type</th><th colspan="2">FILING FEES</th><th colspan="2">SEARCH FEES</th><th colspan="2">EXAMINATION FEES</th><th rowspan="2">Fees paid</th></tr><tr><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Utility</td><td>300</td><td>150</td><td>500</td><td>250</td><td>200</td><td>100</td><td></td></tr><tr><td>Design</td><td>200</td><td>100</td><td>100</td><td>50</td><td>130</td><td>65</td><td></td></tr><tr><td>Plant</td><td>200</td><td>100</td><td>300</td><td>150</td><td>160</td><td>80</td><td></td></tr><tr><td>Reissue</td><td>300</td><td>150</td><td>500</td><td>250</td><td>600</td><td>300</td><td></td></tr><tr><td>Provisional</td><td>200</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></tbody></table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees paid	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees paid																																																		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																																			
Utility	300	150	500	250	200	100																																																			
Design	200	100	100	50	130	65																																																			
Plant	200	100	300	150	160	80																																																			
Reissue	300	150	500	250	600	300																																																			
Provisional	200	100	0	0	0	0																																																			
2. EXCESS CLAIM FEES																																																									
<p><i>(31 and 3 highest previously paid for)</i></p> <table border="1"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20 (including Reissues)</td><td></td><td>50</td></tr><tr><td>Each independent claim over 3 (including Reissues)</td><td></td><td>200</td></tr><tr><td>Multiple dependent claims</td><td></td><td>360</td></tr></tbody></table> <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>48</td><td>- 31 or HP= 17</td><td>x 50</td><td>= 850</td></tr></tbody></table> <p>HP= highest number of total claims paid for, if greater than 20</p> <table border="1"><thead><tr><th>Indep. Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>4</td><td>- 3 or HP= 1</td><td>x 200</td><td>= 200</td></tr></tbody></table> <p>HP= highest number of total claims paid for, if greater than 3</p>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)		50	Each independent claim over 3 (including Reissues)		200	Multiple dependent claims		360	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	48	- 31 or HP= 17	x 50	= 850	Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	4	- 3 or HP= 1	x 200	= 200																										
Fee Description	Fee (\$)	Small Entity Fee (\$)																																																							
Each claim over 20 (including Reissues)		50																																																							
Each independent claim over 3 (including Reissues)		200																																																							
Multiple dependent claims		360																																																							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																																						
48	- 31 or HP= 17	x 50	= 850																																																						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																																						
4	- 3 or HP= 1	x 200	= 200																																																						
3. APPLICATION SIZE FEE																																																									
If the specification and drawings exceed 100 sheets of paper, (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																									
<table border="1"><thead><tr><th>Total Sheets</th><th>Extra Sheets</th><th>Number of each additional 50 or fraction thereof</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td></td><td>- 100=</td><td>/50= (round up to a whole number) x</td><td></td><td></td></tr></tbody></table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		- 100=	/50= (round up to a whole number) x																																														
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																																					
	- 100=	/50= (round up to a whole number) x																																																							
4. OTHER FEE(S)																																																									
Non-English Specification, \$130 fee (no small entity discount)																																																									
Other: <u>5/29/07</u>																																																									
Submitted																																																									
Name (Printed/Type)	E. Victor Donahue	Registration No.	35,492	Telephone	(212) 733-2739																																																				
Signature	<i>EVD</i>	(Attorney Agent)																																																							

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and /or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-pto-9199 and select option 2.